

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8267

318

1003

Registrar's No.

FILED SEP 25 1952

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 3809 Finney			
3. NAME OF DECEASED (Type or Print) FRED		a. (First)		b. (Middle)		c. (Last) MC. KENZIE	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1952		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH August 1, 1911		9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed Laborer		11. BIRTHPLACE (City and State or Foreign Country) Rollins, Ark.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert McKenzie		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizabeth McKenzie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 335-10-5631		17. INFORMANT'S SIGNATURE OR NAME Elizabeth McKenzie- 3809 Finney Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paresis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 8 ds.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 025X			
22. I hereby certify that I attended the deceased from Jan. 1, 1952, to Aug. 29, 1952, that I last saw the deceased alive on Aug. 29, 1952, and that death occurred at 2:55p m., from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) H. G. G. M.D.				23b. ADDRESS 5100 Arsenal St.		23c. DATE SIGNED 8/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Sept. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS, ILLINOIS	
DATE REC'D BY LOCAL REG. SEP 2 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home-East St. Louis, Ill.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas M. Labson

Licensed Embalmer No. 4479

2205 Missouri Ave.

P. O. Address East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.